

PART B - ISSUE FEE (S) TRANSMITTAL

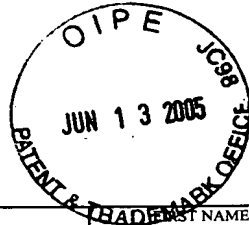
Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

REED SMITH LLP
 SUITE 1400
 3110 FAIRVIEW PARK DRIVE
 FALLS CHURCH, VA 22042



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Certificate of Mailing

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box Issue Fee address on the date indicated below..

APPLICATION NO		FILING DATE	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/873,206		06/05/2001	Tsuyoshi Yamamoto	NIPP.0001	4030

TITLE OF INVENTION: **OPTICAL MEASUREMENT DEVICE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$100	\$0	\$100	06/14/2005

EXAMINER	ART UNIT	CLASS - SUBCLASS
HOANG, TU BA	3742	600-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. <u>Reed Smith LLP</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. <u>Stanley P. Fisher, Esq.</u>
	3. <u>Juan Carlos A. Marquez, Esq.</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI, LTD.
HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan
Tokyo, Japan

Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual ☒ Corporation or private group entity ☐ government

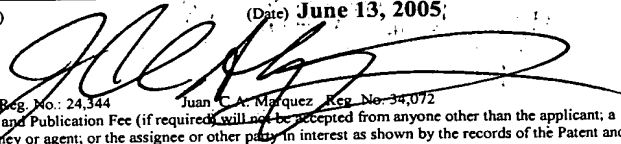
4a. The following fees are enclosed:

- ☒ Issue fee
☒ Publication Fee
☒ Advance Order - # of Copies: 3

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- ☒ A check in the amount of the fee(s) is enclosed.
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)  (Date) **June 13, 2005**

Stanley P. Fisher Reg. No.: 24,344
 Juan C. A. Marquez Reg. No.: 34,072

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered patent attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Adjustment date: 06/14/2005 HAL122
 05/21/2003 HBERHE1 00000011 09873206
 01 FC:1501 -1300.00 DP

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 01 FC:1501 1400.00 DP

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